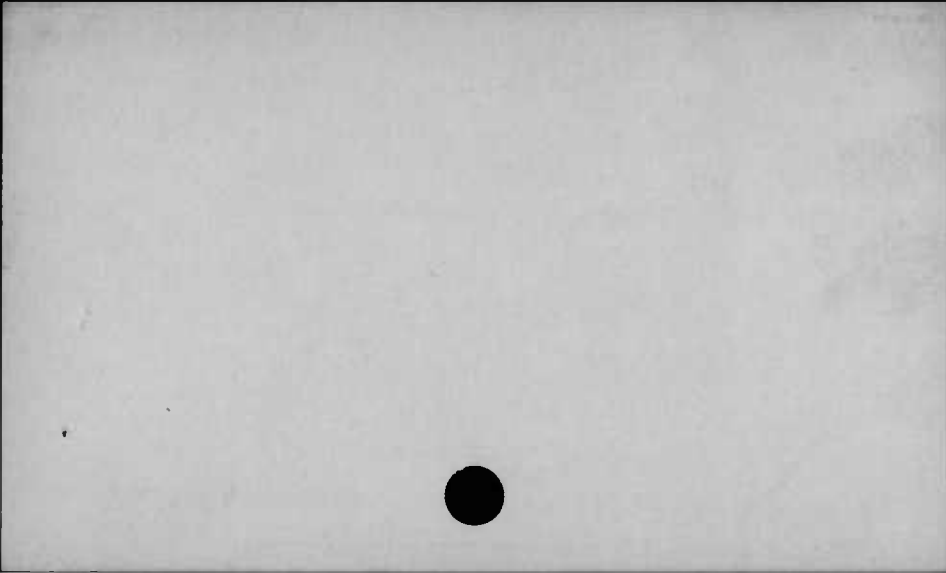


Name in Full *John Adams*
 Sex *man* Town *Galena* County *Kent*
 Died *1902* Month *Sept.* Day *14* Y. *75* M. D. Native of *South Carolina* Occupation *Laborer*
 Date *189* Male White Married Widowed Divorced Number of children living *1*
 Female Colored Single Widower
 Husband of *Eliza Thomas*
 Father's Name Mother's Name *Lucinda Cottingham*
 Cause of Death { Primary *Apoplexia* Immediate *let* How long sick *4 days*
 Accident, Suicide, Homicide
 Reported by *Edward A. Scott, M.D.*
 Address *Galena* *Kent.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died ~~at~~ ^{near} Salmon Town Blair County Mont MARYLAND
 Date 1902 Month 9 Day 1 Age 80 Y M D Native of Maryland Occupation Housewife
~~Male~~ Female ~~White~~ Colored Married Widow ~~Divorced~~
 Number of children living 1

~~Husband~~ of Charles Barrick
 Wife of
 Father's Name Mother's Name

Cause of Death { Primary Old Age Immediate 154 How long sick
 Accident, ~~Swindle~~ Homicide

Reported by Edward A. Scott, M.D.
 Address Salmon Maryland

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868



Name In Full *William H. Baster*

Town *Swan Creek* County *Nept Co* MARYLAND

Died at *Road between Solchies*

Date 1902 *Sept 8* Month *Sept* Day *8* Y. *65* M. *5* D. *1* Native of *Ireland* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *56*

Husband of *Unknown* Mother's Name *Unknown*

Father's Name *Unknown* Maiden Name *Unknown*

Cause of Death { Primary *Arteriosclerosis Alcoholic* Immediate *exhaustion* How long sick *(2 days)* Accident, Suicide, Homicide ☐

Reported by *Frazer W. Smith M. D.*

Address *Fairlee Nept Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Bennett

Died at

Town

Cheestertown

County

Kent

MARYLAND

Date 1902

Month

Day

Sept 28

Y.

M.

D.

Age

5

Native of

Kent

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

John Bennett

Mother's

Maiden Name

Lizzie Thomas

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

asthma

~~Accident, Suicide, Homicide~~

Reported by

J. G. Scifers

Address

Cheestertown

Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75899



Stella Benson

Town

County

Died at

Gales

Kent

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

9 11

Age

4 months

Md

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Hattie Benson

Lizzie Benson

Cause of

Primary

Death

Immediate

Whooping Cough

How long sick

month

Accident, Suicide, Homicide

Reported by

Dr H Conway

Address

Wilmington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Josephine Blackwell* Certificate of Death

Town *Chestertown* County *Kent* MARYLAND

Died at

Date 1902 *Sept 6* Month *Sept* Day *6* Y. *24* M. *24* D. *24* Native of *Kent* Occupation *Cook*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of _____
 Wife _____

Father's Name *Thos Blackwell* Mother's Maiden Name *Martha Groves*

Cause of Death { Primary *Tuberculosis* 27 How long sick *1 year*
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *J E Ferguson Undertaker*

Address *Chestertown Kent*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Beatrice Virginia Brown

Died at ^{Town} Chestertown^{County} Kent

MARYLAND

Date ¹⁹⁶² 1962 ^{Month} 9 ^{Day} 3 ^{Age} 1.6 ^{Y.} ^{M.} ^{D.} ^{Native of} Ma ^{Occupation} —
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widow~~ ^{Number of children living}

Husband of —
 Wife

Father's Name Nathaniel Brown

Mother's Name Margaret Connolly

Cause of Death { Primary Tuberculosis 28
 Immediate Meningitis

How long sick 2 days

Accident, Suicide, Homicide

Reported by N. Frank Series MD
 Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

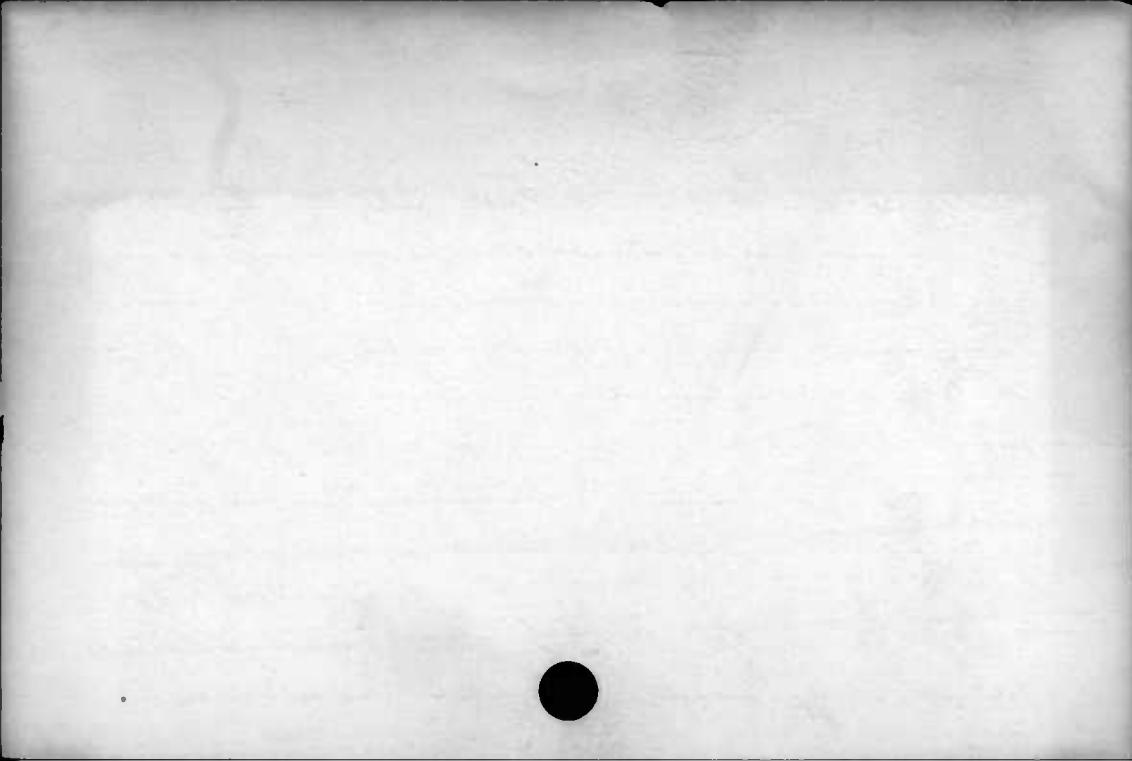
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Sept</i> ^{Month}	<i>28</i> ^{Day}	Age <i>2</i> ^{Years}	<i>6</i> ^{Months}	<i>14</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Chestertown Md</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Herbert Lindsay</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>Martha P Cann</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Martha P Cann</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH *18*PHYSICIAN
OR CORONER

Primary <i>Rachitis</i>	How long <i>from birth</i>
Immediate <i>Whooping cough complicated by pneumonia</i>	How long <i>About 6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H Bengel Simmons</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>No</i>	



Charles Goldie Carey

Town

County

Died at

Chesterville

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 7

Age

27. 10. 0

Ind

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

James Carey

Mother's

Maiden Name

Emma A Burris

Cause of

Primary

Tuberculosis 27

How long sick

a year or more

Death

Immediate

Tubercular Laryngitis

Accident, Suicide, Homicide

Reported by

F. N. Sheppard M.D.

Address

Crumptow Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

RockHale Kent Co.

MARYLAND

Date 19

02

Month

Day

Sept 8

Age

1 14

Native of

Md.

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Marion Coleman

Mother's

Maiden Name

Georgie Ayers

Cause of

Primary

Summer Catarrh

How long sick

3 weeks

Death

Immediate

Exhaustion

105

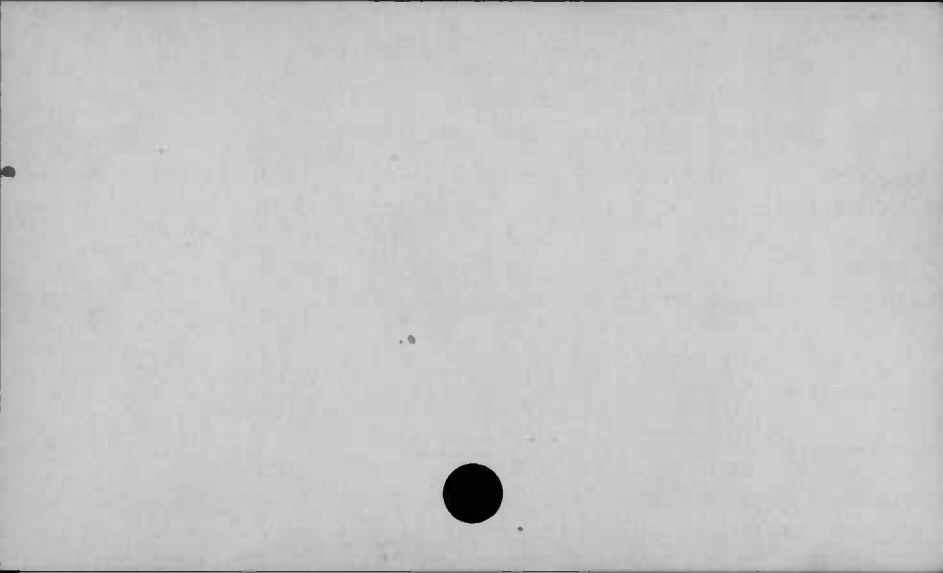
Accident, Suicide, Homicide

Reported by

D. O. Kelly M.D.
RockHale Kent Co.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

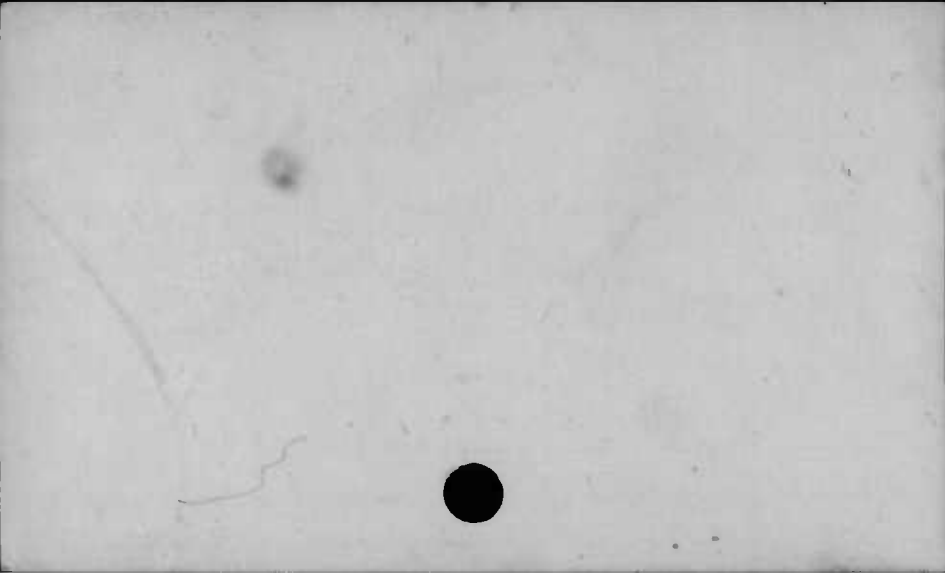
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

~~Male~~

Female

~~White~~

Colored

~~Married~~~~Single~~

Widow

Widower

~~Divorced~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at

Town

County

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 19

Age

10 1 8

Mrs.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

5 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henry Freeman.

Town

County

MARYLAND

Died at *Blue Run* *1 Kent.*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902.

*Apr.**2.*

Age

*40.**M.D.*

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Syphilis

How long sick

Death

Immediate

Ephemeris

Accident, Suicide, Homicide

Reported by

Bartholomew

Address

Cheshire Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susie R. Gilbert

CERTIFICATE OF DEATH

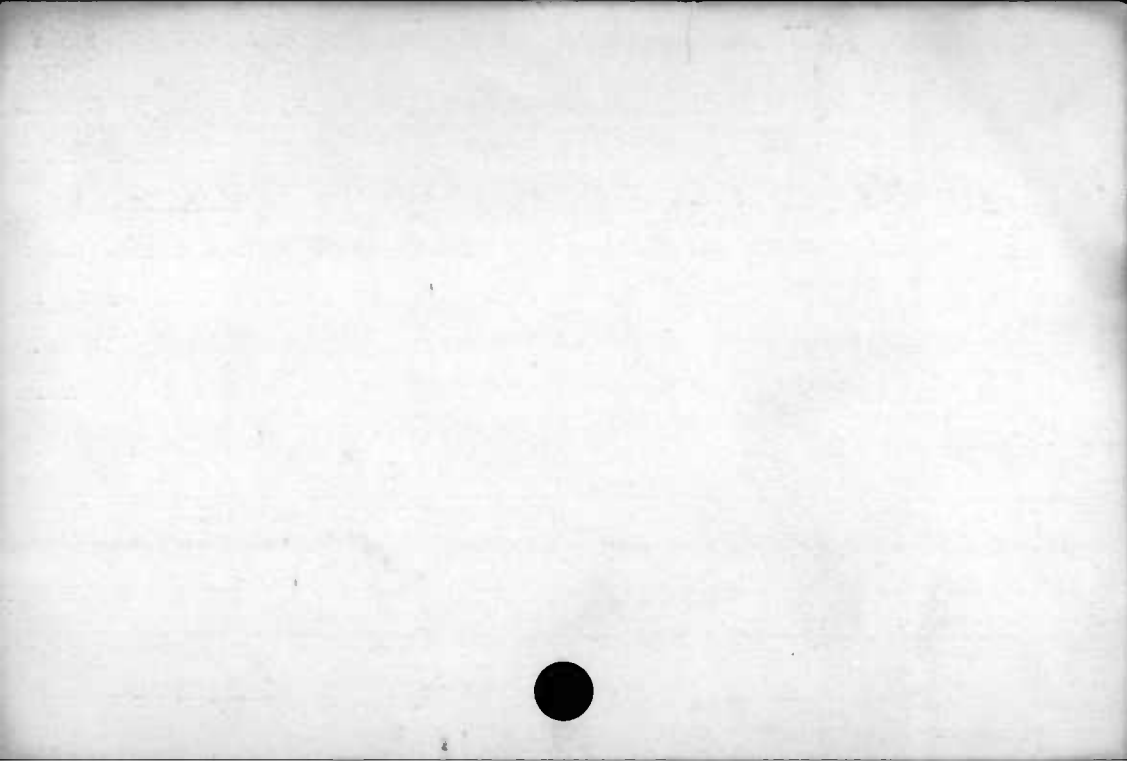
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brice's Mill</i> ^{Town}			<i>Kent</i> ^{County}			MARYLAND	
Date of death 1902		Month <i>Sept</i>	Day <i>28</i>	Age <i>15</i>	Months <i>11</i>	Days <i>22</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Kent Co</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Not engaged</i>				
Name of Wife or Husband							
Father's Name <i>Robert D. Gilbert</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Alice Jane Hodges</i>				Mother's Birthplace <i>Kent Co</i>			
Name of person giving information <i>Robt. D. Gilbert</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> <i>27</i>	How long <i>about 1 year</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>No.</i>	



Name in Full		Samuel Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Worton		Kent		MARYLAND	
	Date of death 1902		Month Sept		Day 18		Age 30	
	Sex male		Color or Race Colored		Birth-place		Virginia	
	Married, Single or Widowed		Married		Occupation		Laborer	
	Name of Wife or Husband		Mary Rosier					
	Father's Name		Thomas Green				Father's Birthplace Virginia	
	Mother's Maiden Name		Annie Gracian				Mother's Birthplace Virginia	
Name of person giving information		Mary Rosier				How related to deceased Mother-in-law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Typhoid Fever				How long 2 weeks	
	Immediate		Coma				How long 2 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jos W. Ellis	
	Accident or Suicide?				Address		B till Ford Md	



Name in Full

Certificate of Death

Edward Jacobs

Town

County

Died at

Pomona

Kent

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 18

Age

70+

Md.

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 0

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

old age

154

How long sick

1 week

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

H. B. Simmons

Address

Chester town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Full

TO BE ANSWERED BY
NEAREST FRIEND

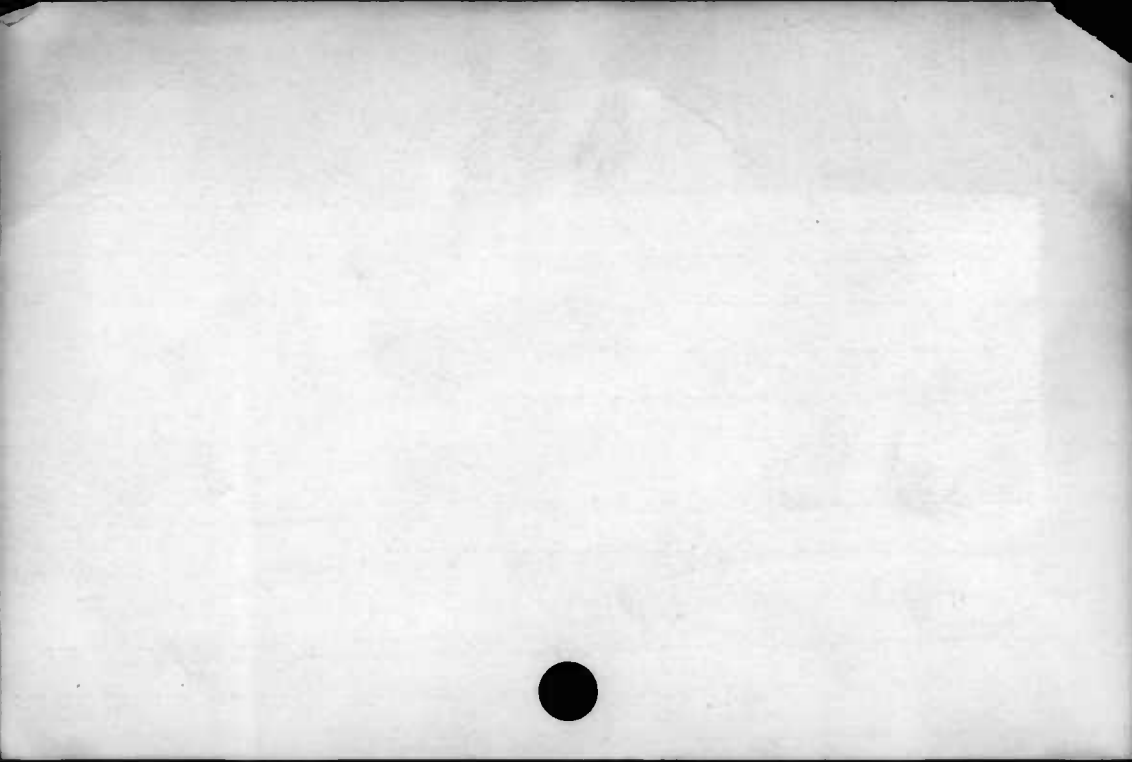
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Chestertown</i>		Town		<i>Kent</i>		County	
Date of death 1902	Month <i>Sep.</i>	Day <i>20</i>	Years <i>over 60</i>	Months	Days		
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Kent Island</i>				
Married, Single or Widowed <i>married</i>			Occupation <i>Minister of the Gospel</i>				
Name of Wife or Husband <i>M. & Kemp</i>							
Father's Name <i>Thomas H. Kemp</i>			Father's Birthplace <i>Talbot Co</i>				
Mother's Maiden Name <i>Mary Denny</i>			Mother's Birthplace <i>Kent Island</i>				
Name of person giving information <i>Grace R. Bordley</i>			How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

Primary	<i>Hypertrophy of Heart 199</i>	How long	
Immediate	<i>" " "</i>	How long	<i>about 5 months sick</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. Bengt Simmons</i>	
		Address <i>Chestertown Md</i>	
Accident or Suicide? <i>No</i>			



Arminia Mayers.

Died at *Bladen Station* Town *Krust* County *MARYLAND*

Date 1942 *Sept 1* Month *Y.* Day *Age 67* M. D. Native of *MD.* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *X*

Husband of *William Mayers.*

Wife *William Mayers.*
 Father's Name *William Wood* Mother's Maiden Name *—*

Cause of *Primary* *154* How long sick

Death *Immediate* *General Debility* Accident, ~~Spice~~, Homicide

Reported by *J. Horton Kelley, M.D.*

Address *Krumquiel Krust Co, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edna Garnett Micon

Died at ^{Town} Chestertown ^{County} Kent

MARYLAND

Date ¹⁹⁰ 1907 ^{Month} 9 ^{Day} 23 ^{Age} 83 ^{Y.} 6 ^{M.} ^{D.} ^{Native of} Va ^{Occupation}~~Male~~ White ~~Married~~ ^{Single} ~~Widow~~ ~~Divorced~~ ^{Female} ~~Colored~~ ^{Number of children living} 3~~Wife~~ of Jas Roy Micon

Father's Name John Jones

Mother's Name Susan Garnett

Cause of Death { Primary General Paralysis
Immediate Expiration 154 How long sick 1 1/2 years
Accident, Suicide, Homicide

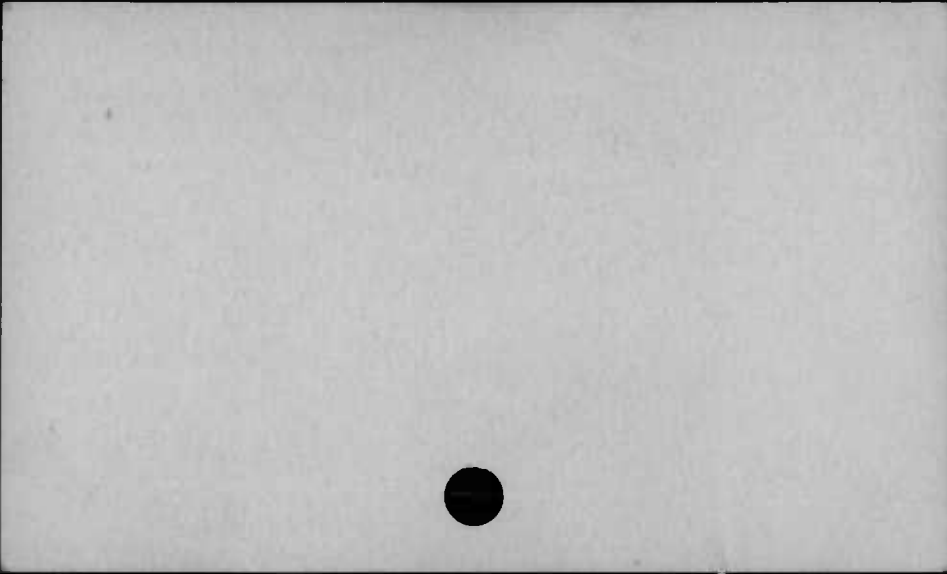
Reported by

W Frank Henrich MD

Address

Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Merritt

Miller

Town

County

Died at

Millsboro

Kent Co

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

9

20

Age

70

Ind

Housewife

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

one

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Dropsy

177

How long sick

Six months

Accident, Suicide, Homicide

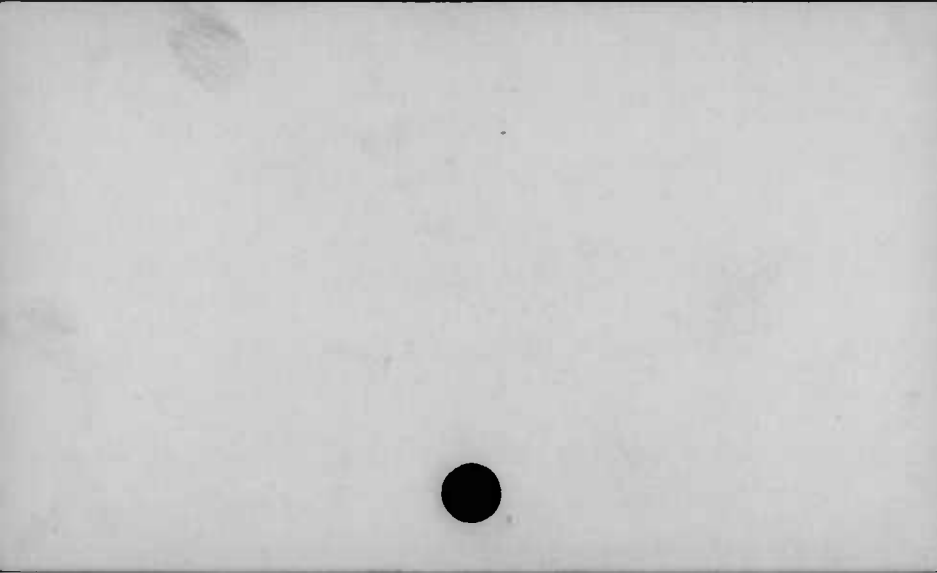
Reported by

St. C. C. C. C.

Address

Millsboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Catherine Mulford

Died at

Town

Galena

County

Kent

MARYLAND

Date 189

2

Month

9

Day

14

Y.

M.

D.

3 15-

Native of

Md

Occupation

Infant

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

James Mulford

Mother's
Name

Annie Mulford

Cause of

Primary

Enterocolitis

105

How long sick

Two weeks

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

J. W. Latimer

Address

Galena

Md.



Ida Rasin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Betterton</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death 1902	Month <i>Sept</i>	Day <i>22</i>	Age	Years	Months	Days	
Sex <i>female.</i>	Color or Race <i>white</i>		Birth-place <i>Kent Co Md</i>				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Lieutan H Rasin</i>				Father's Birthplace <i>Kent Co Md.</i>			
Mother's Maiden Name <i>Sarah F Asher</i>				Mother's Birthplace <i>Indiana</i>			
Name of person giving information <i>Lieutan H Rasin</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature. 151</i>	How long	<i>several hours.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Wm. S. Maxwell.</i>
		Address	<i>Still Pond Md.</i>
Accident or Suicide?			

Still Love of

Name In Full

Certificate of Death

Benjamin Franklin Reese

Died at ^{Town} Chestertown^{County} Kent

MARYLAND

Date 1902 ^{Month} Sept ^{Day} 2 ^{Age} 65 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Kent ^{Occupation} Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

4

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of	Primary	Mutual resuscitation	How long sick	1 year
	Death	Immediate		

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name in Full

Certificate of Death

George Rice

Town

Esolt

County

Kent

MARYLAND

Died at

Date 1902
89-

Month Day

Sept. 10.

Age

Y. M. D.

Native of

Maryland

Occupation

Day Laborer

Yes Male

White

Married

Widow

Divorced

Female

Colored Yes, Single

Widower

Yes, Number of children living

Six

Husband

of

Wife

Lydia Rice

Father's

Mother's

Name

Name

Cause of

Primary

79

How long sick

3 years.

Death

Immediate

Organic Heart Disease

Accident, Suicide, Homicide

Reported by

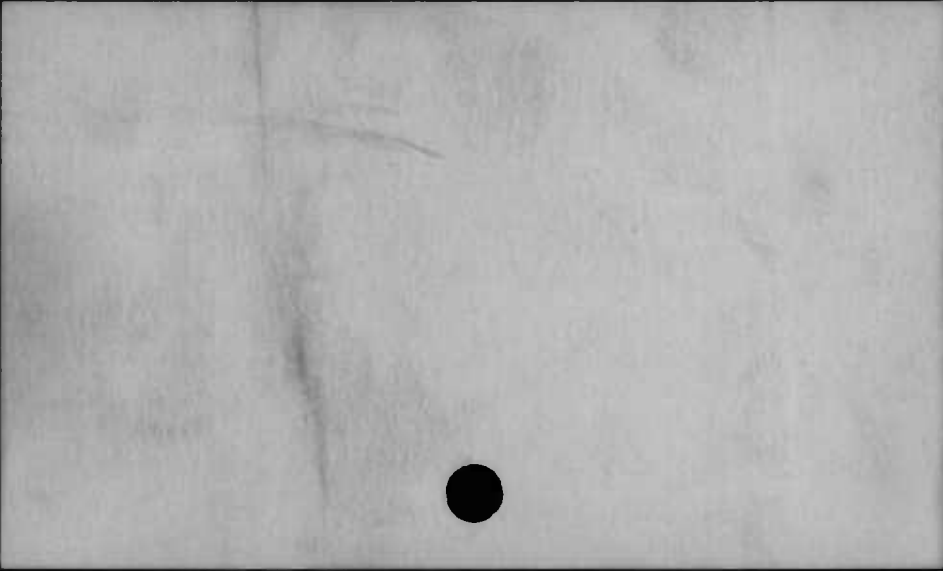
Dr. H. M. Peter

Address

Esolt Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, RECOR



Full

CERTIFICATE OF DEATH

Henry Thomas

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Le Mans</i>		County <i>Kent</i>		MARYLAND	
Date of death 190	2	Month	Sept	Day	24
Age	2	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Md
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Allie Thomas		
Mother's Maiden Name			Carrie Brown		
Name of person giving information			Henry Brown		
Father's Birthplace			Md		
Mother's Birthplace			Md		
How related to deceased			Grandfather		

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Never right from Birth	How long	2 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. W. Urie	
Address		Stitt Pond	
Accident or Suicide?		Md	

Columan